

Crime Watch Patrol

Citizens on patrol making their neighborhoods safer

Are you looking for an opportunity to serve your community as a volunteer?

Would you like to have a direct and positive impact on the area where you and your family live?

Can you spare an hour or two per month for your family and your neighborhood?

Crime Watch Patrol might be the opportunity you are seeking. An offshoot of the Neighborhood Watch Program, and in partnership with the Richardson Police Department, Crime Watch Patrol trains and mobilizes residents to act as visible deterrents to neighborhood crime.

Here's how it works---

- You are recruited by an existing Crime Watch Patrol member
- Submit the application on the reverse side
- You attend a training class provided by the Richardson Police Department
- Patrol on your schedule at your convenience
- Jacket, t-shirt, and magnetic signs are furnished
- Work in partnership with your Police Department

Here's the payoff---

- Your neighborhood will see decrease in criminal activity
- You, your family, and your neighbors will feel safer
- Criminals will feel more at risk of detection in your neighborhood
- A safer neighborhood influences residents' quality of life
- You will make a direct contribution to the safety and security of your neighborhood



Need more information?

**To find out more about
Crime Watch Patrol,
contact the
Richardson Police Department's
Crime Prevention Unit at
(972) 744-4955**

**Richardson Police
Department Crime
Watch Patrol**



APPLICATION CRIME WATCH PATROL

NAME OF CRIME WATCH PATROL: _____

NAME: _____ RACE: _____ SEX: _____
(Last, First, MI)

DATE OF BIRTH: _____ TEXAS DRIVERS LICENSE # _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: (for CWP use ONLY) _____

T-SHIRT SIZE: M L XL 2XL 3XL WINDBREAKER SIZE: M L XL 2XL 3XL

IN CASE OF EMERGENCY, CONTACT:

NAME: _____

ADDRESS: _____

PHONE: _____ ALTERNATE PHONE: _____

REFERENCES: (required and must not be family members)

NAME: _____

ADDRESS: _____

PHONE: _____ RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

PHONE: _____ RELATIONSHIP: _____

I UNDERSTAND AND GIVE MY FULL CONSENT TO THE RICHARDSON
POLICE DEPARTMENT TO CONDUCT A CRIMINAL HISTORY CHECK.
I FURTHER UNDERSTAND THAT MY CHARACTER REFERENCES MAY
ALSO BE CHECKED. (THIS INFORMATION WILL BE KEPT CONFIDENTIAL
AND IS NOT RELEASABLE TO THE PUBLIC.)

SIGNATURE: _____ DATE: _____

Please return this completed application to:
Richardson Police Department Crime Prevention Unit
ATTN: Crime Watch Patrol
Post Office Box 831078
Richardson, TX 75083-1078

OFFICER ID# _____ APPROVED _____ DATE _____
Comments: